SAN JOSE / SANTA CLARA WATER POLLUTION CONTROL PLANT

http://www.sanjoseca.gov/esd/wastewater/discharger-forms.asp

Wastewater Discharge Permit Application

For WPCP Use Only **Inspector**_____

COMPANY NAME:_____**CITY:**_____

Date received: _____ Amount Paid: $_____ Receipt #_____ Permit #:_____

In accordance with the Municipal Code, no Critical User shall connect, discharge, cause, allow, or permit any discharge into the Sanitary Sewer System except in accordance with a Wastewater Discharge Permit issued by the Director. Critical User means a discharger whose wastewater contains priority pollutants, or who discharges any waste other than sanitary sewage which has the potential to cause interference, or who discharges in excess of 100,000 gallons per day. A completed permit application and appropriate fee is required to be submitted to this office by all Critical Users.

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

A. CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations."

CERTIFIED BY*:*

Name (please print)	*Email*	*Title*
Signature	*Date*	*Phone*

PREPARED BY*:*

Name (please print)	*Email*	*Title*
Signature	*Date*	*Phone*

B. COMPANY INFORMATION

Company Name: _____ website: _____

Doing Business As (dba) (if different from above): _____

Business/Mailing Address: _____ ZIP: _____

Discharge Address: _____ ZIP: _____

Telephone (Main): _____ Fax Number: _____

Date Current Operation began: _____ Date Pretreatment Operation began: _____

Assessor's Parcel Number (APN): _____

Total Land Area: _____ sq. ft.

Size of Facility (Please estimate sizes of areas that comprise the facility):
Date Construction of the Facility began: _____
Manufacturing / Assembly Area _____ sq ft
Wastewater Treatment Area _____ sq ft
TOTAL FLOOR AREA _____ sq ft

INDIVIDUALS RESPONSIBLE FOR WASTEWATER

Permit, Inspection, Correspondence

1) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

Sampling
2) Name: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

3) Alternate Contact on site: _____ Title: _____ Email: _____

Phone: _____ Cell _____ Pager: _____

NATURE OF BUSINESS

Description of business activity, products, or services: _____

_____

_____

Description of fabrication or manufacturing processes: _____

_____

SIC: _____

PERSONNEL SCHEDULE

	Office		First Shift		Second Shift		Third Shift	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours
WEEKDAYS								
SATURDAYS								
SUNDAYS								

C. WATER INFLUENT, DISCHARGE, AND OTHER USES

Directions:

- The total **average influent must be within 10%** of the total **average discharge, evaporation, and non-discharging flows.** Differences of more than 10% must be explained.
- **Current data** (i.e., from meter readings, discharge logs, etc.) **representing the previous year** should be used for all available flows. Attach calculations, as applicable.
- **Attach water bills from previous 12-month period.**
- Flows are measured in gallons per day (GPD).
  For **Data Source (fifth column),** explain if using "**current data"** or "**engineering estimates**."
- Engineering estimates may be substituted for new companies with no actual flow data and for waste streams that do not have a flow meter. Attach explanation of how calculations were developed.

1. INFLUENT FLOWS - List all sources of water to your facility
(Water Account Number, Influent Meter Dedicated to Process, Well Number, etc).

METER NAME	PRIMARY USE	Average GPD	Max GPD	Data Source
TOTAL AVERAGE AND MAXIMUM INFLUENT FLOWS → **(If influent meter dedicated to process enter those numbers only).**				

2. DISCHARGE FLOWS - Effluent Process Wastewater
(Process 1, Process 2, Process 3, Scrubbers, etc).

PROCESS NAME	PROCESS DESCRIPTION	Average GPD	Max GPD	Data Source
TOTAL AVERAGE AND MAXIMUM EFFLUENT FLOWS →				

3. DISCHARGE FLOWS - Effluent Non-Process Wastewater
(Any water discharged at your facility that is not used in your process, add additional if needed).

DISCHARGE TYPE	Average GPD	Max GPD	Data Source
Sanitary Usage (Use 15 gal/day/employee unless metered)			
Restaurant/Kitchen/Cafeteria			
Reverse Osmosis Reject Water			
Cooling Tower Blowdown			
Boiler Blowdown			
Other:			
Other:			
TOTAL AVERAGE AND MAXIMUM EFFLUENT FLOWS →			

4. EVAPORATIVE LOSS
(Water evaporating onsite, include supporting documentation).

PROCESS NAME	EVAPORATION DESCRIPTION	Average GPD	Max GPD	Data Source
TOTAL AVERAGE AND MAXIMUM EVAPORATIVE LOSS →				

5. NON-DISCHARGING USES

NON-DISCHARGING WATER USE TYPE	Average GPD	Max GPD	Data Source
Irrigation/Landscaping			
Trucked or Hauled Off-site			
Other:			
Other:			
Other:			
TOTAL AVERAGE AND MAXIMUM NON-DISCHARGING USES →			

GRAND TOTALS: Influent Flows Vs. Discharge Flows

	AVERAGE GPD
6. Copy **TOTAL AVERAGE INFLUENT FLOWS,** located in **Section 1,** here.	= _____
7. Add **TOTAL AVERAGE WATER USE** from **Sections 2**, **3**, **4**, and **5.** _____ + _____ + _____ + _____ (**2**) (**3**) (**4**) (**5**) *If using an influent meter dedicated to process do not include **3**, **4**, and **5.**	= _____
8. Is the **influent** (number on **line 6**) within 10% of the **water use** (number on **line 7**)?	**YES☐ NO☐**
9. If not within 10%, please explain.	
10. If based on engineering estimates, explain how calculations were developed.	

D. ENVIRONMENTAL CONTROL PERMITS

List all other environmental control permits issued to this facility.

Name of Permit	***Permit No.***
EPA – Generator I.D. Number	
County of Santa Clara – Environmental Health Permit	
County of Santa Clara – Hazardous Waste Generator Permit	
Bay Area Air Quality Management District – Permit to Operate	
Regional Water Quality Control Board NPDES Permit	
Local Hazardous Materials Storage Permit (Fire Dept.)	
Radioactive Materials License	
Biohazard Waste Generation Registration	
Other:	

E. BUILDING AND PLUMBING LAYOUT, FLOW DIAGRAMS

All drawings provided shall be 8.5 X 11 size.

(1) **Plumbing Layout:** On a separate sheet, draw to scale the building(s) and plumbing layout of your facility. Identify the location of sewer laterals, connection points to main sanitary sewer, wastewater process connections, city water meters, incoming water lines, storm drains, influent / effluent flow meters and any sampling points. Identify street locations and N↑on all drawings.

(2) **Pretreatment System:** On a separate sheet, sketch your pretreatment system(s), if applicable. Show the routing of process waters from each wastewater-generating process to the treatment system that will address it. For example: high-pH rinses to pH-adjust, heavy metals wastestream to precipitation system, or kitchen wastes to a grease interceptor. Provide a list of treatment chemistry used. Show the flow of treated water from the treatment system to the sanitary sewer. Indicate all monitoring equipment, pH recorders, flow meters, ORP meters, sample points, etc.

(3) **Block Flow Diagram:** On a separate sheet, draw a simple block diagram showing the flow of water, materials, and chemicals from start to final discharge point for each activity that generates wastewater. Indicate average flow in gallons per day for each line. Identify all unit processes (blocks) and number these to correspond to numbers identifying processes on the building and plumbing layout. (See Block Flow Example, Page 6)

F. WASTEWATER CHARACTERISTICS

From the following list of wastewater characteristics, check those that apply to the wastewater generated in this facility **prior** to pretreatment. **Please check all that apply.**

_____	Flammable	_____	Particles Larger Than 3/4"
_____	Toxic Substances	_____	Suspended Solids
_____	Acidic, pH < 5.0	_____	High Biological Oxygen Demand (BOD)
_____	Caustic, pH > 12.5	_____	Ammonia
_____	Heavy Metals	_____	Grease/Oil/Fats
_____	Solvents	_____	Temperature > 150 degrees F
_____	Solid or Viscous Matter	_____	Other (specify)
_____	Petroleum Products	_____	_____

Does your facility's production and/or discharge have seasonal variation? **YES** **NO** (circle one)
If yes, describe the cause of the seasonal variation and the approximate dates when the variation occurs.

_____

_____

G. PRETREATMENT

Check the pretreatment methods used in your facility. Indicate rated flow for each pretreatment method checked and label the facility diagram accordingly.

		Capacity			Capacity
_____	Clarifier or Interceptor	_____	_____	Biological Treatment	_____
_____	pH Adjustment	_____	_____	Air Stripper/Scrubber	_____
_____	Ion Exchange	_____	_____	Chemical Precipitation	_____
_____	Grease or Oil Separation	_____	_____	Cyanide Destruction	_____
_____	Electrolytic Recovery	_____	_____	Chromium Reduction	_____
_____	Wastestream Segregation (including solvents)		_____	Ozonation	_____

_____ Filtration: ( ) Screen ( ) Bag ( ) Filter Press

_____ Silver Recovery: _____

_____ Other: _____

Describe each pretreatment system checked above and evaluate the pretreatment equipment to determine whether the treatment system is adequate to ensure compliance with the Federal and local limits.(e.g. design capacity, physical size, loading rate, etc.).
If no pretreatment exists, please explain. (Please attach additional sheets if necessary.)

_____

_____

_____

Is your treatment system adequate to achieve compliance with Federal and local discharge limits?

☐ **YES** ☐ **NO** If yes describe how this evaluation was done. Evaluation should address treatment system capabilities, flow rates, pollutant loadings, and maintenance.

Explain how compliance is verified at each sample point.
(e.g. In-house testing, certified outside lab, etc.):

_____

_____

_____

If wastewater is treated and/or discharged in batches, complete the following for each of these wastestreams*:*

Number of batches discharged per year / month / week / day ... (circle one): _____

Average volume per batch: _____ gallons

Other comments on batch treatment, including material treated and treatment technology:

_____

_____

_____

SAMPLING AND MONITORING

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams? ☐ YES ☐ NO ☐ Not Applicable

If "NO" please explain: _____

_____

_____

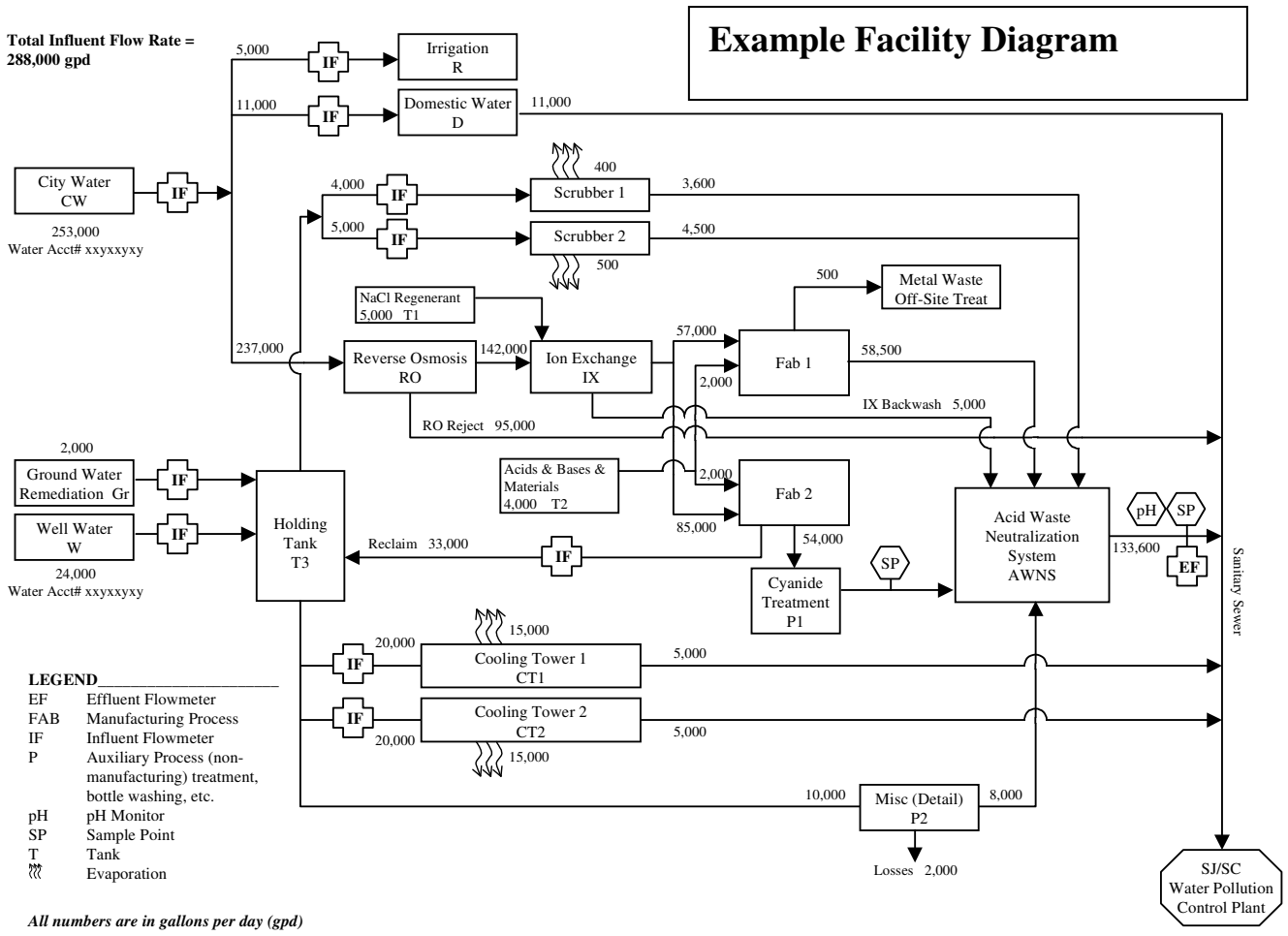
Provide a written description of each sampling/monitoring location including the name of the room it is in, which wall (North/South/East/West) and what equipment it is located near.

_____

Describe the wastewater discharge monitoring practices for your facility. Include the type of analytical tests and/or methods to be used, the frequency of testing, and the name of the person(s) who will perform the tests. Attach analytical data if available. Enclose a copy of any logs, check lists, forms, etc., which are maintained.

List sampling and monitoring equipment in place at your facility:

Use average gpd flows over the previous 12 months for the facility diagram.



- COMPLETE THIS SECTION FOR EACH TYPE OF WASTE **NOT** DISCHARGED TO THE SANITARY OR STORM SEWERS. USE A SEPARATE FORM FOR EACH TYPE OF WASTE (e.g. Spent Silver Bearing Solutions, Mercury Wastes, Solvents, Medical Wastes, etc.).
- **Do not include wastes sent to sanitary landfill such as trash and garbage.**

H. NON-DISCHARGED WASTE STREAM(S)

Identify the waste (e.g. spent chemical, treatment sludge, medical waste, etc.) and the process that generates the waste. _____

_____

_____

Physical state of the waste (liquid, sludge, slurry, etc.):_____

Brief characterization of waste (list hazardous ingredients and attach supporting MSDS or lab analysis):

_____

_____

Rate of waste generation in terms of quantity per day, week, month, or quarter: _____

ON-SITE STORAGE

Method of Storage: _____

Typical Volume Stored:_____ Typical Length of Time in Storage: _____

Is Storage Site Secondarily Contained? **( ) Yes** **( ) No**

Are there provisions for Surface Drainage Collection? **( ) Yes** **( ) No**

(If you answered "yes" to either question above, please describe provisions for secondary containment and/or surface drainage collection.)_____

_____

TRANSPORTATION

Name of Waste Hauler:_____ EPA No._____

Address:_____
Street City State Zip Phone

DISPOSAL

Name of Waste Hauler:_____ EPA No._____

Address:_____
Street City State Zip Phone

Method of Disposal (e.g. recycled, land disposal, incineration, etc.): _____

_____

I. SPILL PREVENTION AND CHEMICAL MANAGEMENT PLAN

NOTE: In addition to completing this section you may submit a copy of your facility's approved Hazardous Materials Management Plan (HMMP).

YOU ARE REQUIRED TO HAVE A SPILL PREVENTION PLAN

Describe your facility's procedures for assuring that concentrated or prohibited chemicals do not spill or leak into the wastewater. (e.g. segregation controls, hard plumbing, etc.) Provide extra sheets if necessary.

Do you maintain a spill log? Yes: _____ No: _____

Does your plan include notifying the POTW in the event of a spill, bypass or an upset? (Required by Law)
Yes: _____ No: _____

Describe your facility's Employee Training Program for Chemical Handling:

Describe your facility's Emergency Response Procedures in the event of a spill:

Describe your facility's disposal procedures for miscellaneous floor water: _____

Describe additional Pollution Prevention and Waste Minimization Practices, including measures taken to reduce pollutants and flow. Some examples are flow restrictors, counter current rinse systems, drag out reduction methods, or using alternative less toxic chemistry: _____

Describe disposal of any hauled wastes from spills: _____

Describe any other water conservation practices in place: _____

Some federal categories allow certification in lieu of testing for TTOs. In order to certify, a Solvent Management Plan is required. Complete and submit your Solvent Management Plan per your permit requirements. If appropriate Solvent Management Plan guidelines will be included with your permit package when your permit is issued

J. QUANTITIES OF CHEMICALS STORED & USED

(Usage in pounds or gallons per month; please indicate units of measure)

Stored	Used	Acids
		Hydrochloric (Muriatic)
		Hydrofluoric
		Nitric
		Sulfuric
		Other (specify)
		_____
		_____
		Alkalis
		Ammonia
		Calcium Hydroxide (Lime)
		Sodium Hydroxide (Caustic Soda)
		Magnesium Hydroxide
		Other (specify)
		_____
		_____
		Metals & Compounds
		Antimony
		Barium
		Beryllium
		Cadmium
		Chromium
		Copper
		Lead
		Manganese
		Mercury
		Nickel
		Selenium
		Silver
		Zinc
		Other (specify)
		_____

Stored	Used	Solvents
		Acetone
		Alcohols
		Chlorinated Hydrocarbons
		Ketones
		Petroleum Solvents
		Toluene
		Xylene
		Other (specify)
		_____
		Organic Compounds
		Aldehydes
		Algaecides
		Formaldehydes
		Herbicides
		Pesticides
		Phenols
		Surfactants
		Other (specify)
		_____
		_____
		Misc. Chemicals
		Boron
		Chlorine
		Cyanides
		Dyes
		Fluorides
		Peroxides
		Sulfides
		Other (specify)
		_____
		_____
		_____

TRADE CHEMICALS

List other chemicals stored or used, including over-the-counter chemicals (e.g. Jasco paint stripper, pesticides, motor oil, etc.) in pounds or gallons per month **for which chemical compositions are unknown or proprietary.** Include an MSDS for each item listed where possible. Please indicate units of measure.

Stored	Used	Trade Name	Distributor (Name & Address)

K. TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)

(From the following list of Total Toxic Organic (TTO) pollutants, check all those, which are either used in your facility, generated in your facility, or are stored on the premises.)

_____ Acenaphthene
_____ Acrolein
_____ Acrylonitrile
_____ Aldrin/Dieldrin
_____ Benzene
_____ Benzidine
_____ Carbon Tetrachloride
_____ Chloronated benzenes
_____ Chloroalkyl ethanes
_____ Chlorinated ethanes
_____ Chloroalkyl ethers
_____ Chlorinated naphthalene
_____ Chlorinated phenols
_____ Chloroform
_____ 2-chlorophenol
_____ DDT and metabolites
_____ Dichlorobenzenes
_____ Dichlorobenzidine
_____ Dichloroethylenes
_____ 2,4 – dichlorophenol
_____ Dichloropropane & dichloropropene
_____ 2,4-dimethylphenol
_____ Dinitrotoluene
_____ Diphenylhydrazine*
_____ Enosulfan and metabolites
_____ Endrin and metabolites
_____ Ethylbenzene
_____ Fluoranthene
_____ Haloethers
_____ Halomethanes
_____ Heptachlor and metabolites
_____ Hexachlorobutadiene
_____ Hexachlorocyclohexane
_____ Hexachlorocyclopentadiene
_____ Isophorone
_____ Naphthalene
_____ Nitrobenzene*
_____ Nitrophenols
_____ Nitrosamines
_____ Pentachlorophenol
_____ Phenol
_____ Phthalate esters
_____ Polychlorinated biphenyls (PCBs)
_____ Polynumclear aromatic hydrocarbons
_____ 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)
_____ Tetrachloroethylene
_____ Toluene
_____ Toxaphene
_____ Trichloroethylene
_____ Vinyl chloride

L. PERMIT CLASSIFICATIONS AND FEES

THIS WASTEWATER DISCHARGE PERMIT APPLICATION MUST BE SUBMITTED TO SOURCE CONTROL AT THE ADDRESS BELOW AND ACCOMPANIED BY THE APPROPRIATE FEE. Make checks payable to the City of San José. Please note that late fees apply to permit renewals; 50% of the fee if not submitted 90 days prior to the expiration date, 100% the fee if more than 30 days late.

Please send the Permit Application with the appropriate fee to; Senior Environmental Inspector, Environmental Services Department, Source Control, 200 East Santa Clara Street, Seventh Floor, San José, CA 95113.

Call (408) 945-3000 for questions about completing the application.

The following Permit classifications have been established for new Permits or for the renewal of existing Permits:

STANDARD DISCHARGER - DISCHARGE PERMIT APPLICATION - FEE: $1,050
Not a low-flow discharger.

LOW FLOW DISCHARGER - DISCHARGE PERMIT APPLICATION - FEE: $560
A "low flow discharger" is an industrial discharger whose average process flows, as shown on the discharger's application to discharge and as measured, as a rolling six-month average is less than one thousand (1,000) gallons per day.

TEMPORARY DISCHARGE PERMIT APPLICATION-FEE: $560

WASTEWATER DISCHARGE PERMIT APPLICATION - FEE: $1,050
All non-industrial Critical Users.